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CONFIRMATION NO. 3042

SERIAL NUMBER 10/786,211	FILING OR 371(c) DATE 02/24/2004 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO.
APPLICANTS Thomas Oval Wood, Memphis, TN; ** CONTINUING DATA ** <i>yes</i> <i>SA</i> This appln claims benefit of 60/455,385 03/14/2003 ** FOREIGN APPLICATIONS ** <i>None</i> <i>SA</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/17/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Signature</i> <i>SA</i> Examiner's Signature Initials		STATE OR COUNTRY TN	SHEETS DRAWING 19	TOTAL CLAIMS <i>14 SA</i> <i>10</i> INDEPENDENT CLAIMS 1
ADDRESS Thomas O. Wood, M.D. 4264 Nellwood Lane Memphis, TN38117				
TITLE Wood airway, neck, and head support				
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	